



Medicines optimisation (MO) is a patient centred approach. It focuses on gaining the most benefit for patients from their medicines. It is all about talking with the patient, having honest discussions with them and truly making them part of the decision in relation to their medicines and the use of their medicines. It is about understanding the patient's goals and aspirations, which may be different from the outcomes the NHS would like to see, listening to their concerns and beliefs about medicines and about stopping or reducing medicines as well as starting new ones.

Regardless of which sector you work in, taking a patient centred approach to optimising medicines and improving patient outcomes should be a priority.

What am I already doing to support medicines optimisation?

- The advanced services of the Community Pharmacy Contractual Framework (CPCF) i.e. patient care schemes such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS) are good examples of MO service provision. They enable and encourage you to support patients in using their medicines in a way that is best for them and help them to understand why this is important and the health benefits they gain from doing so.
- When members of the public come into the pharmacy to seek advice on over the counter (OTC) medicines you provide them with advice and support on how to take their medicines.
- Every day you use your professional judgement to make interventions on prescriptions to prevent patients experiencing harm from medicines.
- You provide pharmaceutical advice to patients on their prescribed medicines.
- You may undertake repeat dispensing where you ask patients about their medicines use when they come to collect their prescription.
- You may provide a collection and delivery service for housebound patients who would otherwise struggle to have their prescriptions filled, thereby removing barriers for patients to access their medicines. Consider how efficient your service is and if it potentially contributes to the reduction of medicines waste.
- You signpost patients to local support groups and patient support services available from pharmaceutical companies to support them to take their medicines.
- You are involved in and actively contribute to an integrated patient safety management system; you report, and encourage members of the public to report, adverse drug reactions using the Yellow Card system and make records of any incidents and near misses. The learning from these help to improve medicines safety and thereby improve patient safety.

What more could I do?

- Whether pharmacists or other members of the pharmacy team hand out the medicines to the patients, they should be actively engaged with the patient and pro-actively be giving advice. Ensure you and your staff create an opportunity for the patients to ask any questions or discuss any issues they may have about their medicines and enable them to speak to the pharmacist if they wish too. You may need to consider prioritising your patients.
- The intelligence you glean from undertaking an MUR or NMS on patient's adherence is essential so you need to consider how this information can be shared with other members of the primary care team.
- Think about your patient groups, particularly those that are vulnerable, and discuss with commissioners (CCG and local authorities) what additional support they may need around their medicines and how you could provide this to them. You may need to consider working with colleagues from across a geographical area.
- If you know a patient is being admitted into hospital as a planned admission you could undertake medicines reconciliation and inform the secondary care provider of the most up to date list of medicines that the patient is taking. This could be a service you provide in a collaborative manner with the patient's GP. Is there a 'green bag scheme' in your area? If so, you should encourage patients to use them.
- If a patient has recently moved from one care setting to another consider what additional support you can provide to them about any changes to their medicines. Could you potentially keep 'individual management plans' up to date in regard to any changes in medicines? Could you provide integrated advice, promote yourself as a point of contact, establish effective communication systems with colleagues in different settings?
- If a patient has a long term condition, consider how you can truly support them to optimise their medicines. This may mean taking responsibility for the management of that patient including monitoring of their condition and / or providing additional support if their condition deteriorates. This would need to be undertaken in collaboration with other members of the primary healthcare team, particularly the patient's GP. You would also need to be aware of any local care pathways that have been developed and are being used by the local commissioners.
- Have you spent any time with your GP colleagues, perhaps a day in the GP practice offering suggestions as to how the process for managing the supply of repeat medicines could be improved?
- For vulnerable patients, consider if you could educate carers, including paid workers such as care home and social services staff, to improve the support they deliver to their patients.
- Think about how you communicate and connect with those patients who are unable to physically come into the pharmacy such as those who are housebound and whom you may deliver medicines to; how can you support these patients in optimising their medicines?
- Consider what data you already capture, what you could capture in the future and what value this may have in data provision for the wider NHS.
- Are you linked in with your Local Pharmacy Network (LPN) and aware of the work programmes they are taking forwards?

How can I work with my pharmacy colleagues to support the patient??

Pharmacists, as a profession, are unique in that they see the medicine across the whole of the medicine pathway – from development to supply to the patient. However, medicines optimisation means that the pathway doesn't stop at the point of supply and considers how patients use their medicines in practice, including short and long term outcomes.

Reflection

- Did I discuss with any patients today their experiences of medicines use? For example, their views about what medicines mean to them, how medicines impact on their daily life, whether or not they are able to take their medicines, what information they actually want to know? Did you listen to the patient's views and opinions?
- Did I ensure medicines used are clinically and cost effective? For example did I review any 'high risk' patients' medicines? Did I make patients aware of the consequences of not taking their high risk medicines? How is this information recorded and stored?
- Am I aware of the latest NICE guidance and Quality Standards?
- Did I record any data to contribute to the evidence base around medicines optimisation?
- Can I make my support for medicines use more effective, for example by training and upskilling staff in order to delegate my work and free up my time?
- Can I participate and lead on local initiatives such as vaccination programmes, lifestyle initiatives etc?
- Do I know who my hospital colleagues are in my local hospitals?
- Have I engaged with carers and patient groups locally?
- When did I last contact a colleague in a different care setting (e.g. hospital, intermediate care, care home, GP practice) to help a patient optimise their medicines and make them as safe as possible?
- Did I signpost any patients to sources of additional support for medicines use?
- How do I share any learning or best practice findings? Am I involved with my local networks such as LPFs and LPNs?
- On reflection were there opportunities to apply the principles to my practice that I may have missed?

Why should I deliver medicines optimisation?

- It provides you with a chance to have a positive impact on a person's health and quality of life
- You will be positively involved in patient safety, medicines adherence and preventative care
- You will empower patients to better self manage their condition(s)
- It provides you with an opportunity to support effective medicines use and minimise medicines waste
- You will be playing an active role in your community by providing optimal pharmaceutical care to your patients

How will my professional leadership body support me to deliver MO?

- We will work with the other professional bodies and Royal Colleges to support the understanding of medicines optimisation across all health and care professionals
- We will particularly work with employers and other pharmacy organisations to ensure the environment is right to enable delivery of medicines optimisation services
- We will liaise with national bodies such as NHS England and NHS Employers on how the contract could change to enable better delivery of medicines optimisation
- We will work with NHS Improving Quality to look at innovative ways of delivering medicines optimisation
- We will work with social care organisations to explore how medicines optimisation can be delivered in social care settings
- We will appraise and assess knowledge and skills of pharmacists via the RPS Faculty

We are all aware that the NHS spends significant amounts of money on medicines each year; in 2012 the NHS invested £13.8 billion across the UK. We also know that 30-50% of patients don't take their medicines as intended; however it is not always appreciated that of these 45% take a decision not to take their medicines as prescribed. The reasons for non-adherence are multi and complex such as concerns about the medicines, perceptions that the medicine is unnecessary, financial worries, forgetfulness, religious or cultural beliefs, depression, inability to follow instructions etc. Non-adherence can lead to ill-health, poor quality of life, loss of productivity and a waste of NHS resources that is simply unacceptable.

Additional reading

1. **RPS medicines optimisation webpages** which contains the following resources:
 - a. Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England
 - b. How to make the most of your medicines – guidance for patients
 - c. Examples of medicines optimisation services and activities
 - d. Medicines optimisation – the evidence in practice
 - e. Medicines optimisation – the evidence in practice presentation
 - f. Medicines optimisation briefings for the different sectors of pharmacy
2. **RPS guidance Keeping patients safe when they transfer between care providers – getting the medicines**
3. **RPS map of evidence which has examples of good practice across the country**